

**A TIMELY, DETAILED LOOK AT INFECTION CONTROL STRATEGIES**

Here's how to prevent any spreading of the parade of pathogens that patients bring into your office.

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**HYGIENE TRIBUNE  
BOSTON READY FOR MEETINGS**

Conventions in Boston, including the upcoming ADHA, don't skip a beat.

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ICOI SYMPOSIUM IN LAS VEGAS, MAY 16-18**

Bellagio Hotel again hosts International Congress of Oral Implantologists.

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# Oklahoma breach draws attention to infection control

*ADA, AGD, ADHA, OSAP and others issue statements and provide public relations guidance to members*

By Robert Selleck, Managing Editor

**A** number of dental associations and health-related organizations issued statements in response to the infection-control breach in late March at an Oklahoma dental practice that put more than 7,000 patients at risk.

The oral surgeon, who owns the two-office practice in Tulsa and Owasso, Dr. W. Scott Harrington, voluntarily shuttered the business in March after an investigation documented the infection-control problems and other questionable conditions and procedures.

State health officials announced in early April that the offices might have exposed as many as 7,000 patients to human immunodeficiency virus (HIV), hepatitis B and hepatitis C through unsanitary practices. As of April 18, the Tulsa Health Department had tested 3,235 of the practice's patients and reports that others likely sought testing through private health care providers.

The breakdown of the approximately 60 positive test results identified by testing through the Tulsa Health Dept. is as follows: hepatitis C (57 people), hepatitis B (three people) and HIV (less than three people). According to the Oklahoma State Department of Health (OSDH), its data security policy on HIV disclosure prohibits public reporting of HIV numbers less than three.

The incident has been covered by mass media across North America and even globally, bringing heightened attention to infection-control practices in dental offices in general, as well as attention to how various tasks are delegated in dental practices, because among the allegations facing Harrington is that he allowed dental assistants to administer IV sedation to patients, which would violate Oklahoma law.

According to a press release from the

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Tribune America joins the nation in expressing sorrow for the lives lost — and support for the more than 260 people injured — in the terrorist acts in Boston. With the American Dental Hygienists' Association annual session scheduled in Boston, Hygiene Tribune reports on how the Massachusetts Convention Center Authority and the ADHA have responded to ensure meeting participants' safety. Acorn Street in Beacon Hill photo/Provided by the Massachusetts Office of Travel and Tourism

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OSDH, “Those persons whose tests are positive are being personally contacted and counseled about information specific to the disease for which the test was positive, and they will be directed to resources for appropriate care and follow up. If warranted, testing will be recommended for a spouse or partner.”

The release notes that “some of the positive screening tests are likely a result of infection exposure not related to dental procedures at the Harrington practice,” and it provides general statewide statistics on the three diseases, noting that some 68,000 Oklahomans may be infected with hepatitis C, which is the most common blood-borne infection in the U.S.

“This is a complex investigation,” State Epidemiologist Dr. Kristy Bradley is quoted as saying in the release. “The next phase will include more in-depth interviews of persons who test positive to determine the likelihood that their exposure is associated with their dental surgical procedure at the Harrington practice. We will certainly continue to keep the public informed as we learn more.”

### ADA, AGD quick to respond to media and members

The American Dental Association issued a press release emphasizing details on how dental practices follow stringent guidelines on infection control, which included the statement; “The ADA has long recommended that all practicing dentists, dental team members and dental laboratories use standard precautions as described in the Centers for Disease Control and Prevention’s Infection Control in Dental Health Care Settings guidelines. Studies show that following proper infection control procedures greatly reduces risk to patients to the point of an extremely remote possibility.”

In an Academy of General Dentistry press release, AGD President Dr. Jeffrey M. Cole is quoted as saying, “Heat sterilization of dental instruments helps prevent the spread of diseases like hepatitis and HIV. By following stringent best practices, AGD dentists maintain a commitment to patient health and safety. ... If your dentist is an AGD member, you can be confident that he or she strives to provide the best quality care to their patients by utilizing the most current safety protocols.”

### Talking points to help dental professional ease patients' concerns

On its website, the ADA made a number of talking points available to dental practices to use for guidance when responding to questions from patients that are likely to be prompted by the news coverage of Oklahoma story.

Among the 13 talking points from the ADA are these:

- Nondisposable dental instruments are cleaned and sterilized between patients. In my office, we sterilize instruments using (describe whether you use an autoclave, which involves steam under pressure, dry heat or chemical sterilization. If you wish, you could offer to show your patients your sterilization or set-up area).
- Disposable items like needles or gauze are placed in special bags or con-

## Infection-control talking points from the ADA

- I'm glad you asked me about this because I want to assure you that in my dental practice, we follow stringent infection control procedures.
- Also, as your doctor, I would only delegate procedures to my staff that they are licensed or qualified to perform per state regulations.
- I care about my patients; your health and safety are my foremost priorities.
- Studies show that following proper infection control procedures greatly reduces risk to patients to the point of an extremely remote possibility.
- The Centers for Disease Control and Prevention has developed special recommendations for use in dental offices.
- Let me describe just a few of the things that we do in my practice in terms of infection control.
- All dental staff involved in patient care scrub their hands before each and every patient and use appropriate protective garb such as gloves, masks, gowns and eyewear.
- A new set of gloves and masks are used for each patient.
- Before you enter the examining room, all surfaces, such as the dental chair, instrument tray, dental light, drawer handles and countertops, have been cleaned and decontaminated.
- Nondisposable dental instruments are cleaned and sterilized between patients. In my office, we sterilize instruments using (describe whether you use an autoclave which involves steam under pressure, dry heat or chemical sterilization. If you wish, you could offer to show your patients your sterilization or set-up area).
- Disposable items like needles or gauze are placed in special bags or containers for special, monitored disposal.
- Your well-being is important to me and my staff, which is why we follow stringent infection control procedures and comply with all state regulations for the protection of patients.
- You can visit the American Dental Association's website at [www.mouth.healthy.org](http://www.mouth.healthy.org) and use the search term “infection control” to see a video on this topic. The website has a lot of information to help you take care of your oral health, too.

(Source: American Dental Association, [www.ada.org/news/8459.aspx](http://www.ada.org/news/8459.aspx))

tainers for special, monitored disposal.

- Your well-being is important to me and my staff, which is why we follow stringent infection control procedures and comply with all state regulations for the protection of patients.

The ADA also distributed two Issues Alerts to members, citing resources on infection control. ADA spokespersons also have been quoted in the national media.

### ADHA emphasizes standards

A news release from the American Dental Hygienists' Association (ADHA) stated: “As part of its Standards for Clinical Dental Hygiene Practice ([adha.org/practice](http://adha.org/practice)), ADHA advocates for dental hygienists to maintain compliance with established infection control standards that follow the most current evidence-based guidelines to reduce the risks of health-care-associated infections in patients, and illnesses and injuries in healthcare personnel.

“The standards are used by dental hygienists to shape their knowledge, attitudes, beliefs, practices and behaviors that support and enhance oral health with the ultimate goal of improving overall health.”

### DANB promotes certification training for assistants

The Dental Assisting National Board (DANB), the only national certification board for dental assistants recognized by the ADA, issued a release that included these statements: “We are alarmed by

the recent news and share our deepest sympathy and concerns for the patients involved. We are saddened that events like this occur that compromise public safety. ... Dentists are ultimately responsible for ensuring the practice is in compliance with state law.

“To assist dentists in their hiring decisions, DANB provides a free online credential verification database to verify the names of dental assistants who have earned DANB national certifications, as well as those who have earned certificates of knowledge-based competency in important areas such as radiation health and safety, infection control, coronal polish, sealants, topical anesthetic and topical fluoride.”

### OSAP provides guidance on putting patients at ease

The Organization for Safety, Asepsis and Prevention (OSAP) issued a press release aimed at dental professionals in which it outlined a number of points practices could use with patients expressing concern with the practices infection-control protocols.

Among the seven points offered: “Reassurance that instruments are maintained in sterile pouches or wrap until they are needed for patient care. It may be particularly useful to only open pouches once patients have arrived, so they may see for themselves that the instruments are properly packaged.” And this: “Reassure the patient that all procedures requiring licensure or certification are provided only by professionals licensed to provide those services.”

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# Pediatric dental students ‘show and tell’ oral health to Baltimore kids

*University of Maryland School of Dentistry’s hosts its ‘Give the Kids a Smile’ day*

Flashing a big smile of his own at the University of Maryland School of Dentistry’s latest “Give the Kids a Smile” day, Dr. Vineet Dhar, associate professor, said the dentistry can sometimes seem to be a small part of educating pediatric dental students.

The day at the School’s National Dental Museum in Baltimore was for 70 first-grade schoolchildren from nearby James McHenry Elementary School. They were greeted and hosted by 20 of the School of Dentistry’s pediatric dentistry students, eager to practice that other part of their curriculum, childhood psychology.

Half of the dental students sat or knelt with groups of first-graders in front of colorful, simple exhibits about brushing, tooth anatomy, saliva and dozens of other oral health subjects.

The other half of the pediatric students, wearing masks and rubber gloves, sat across from the children, one at a time, for an oral examination and lots of healthy “tooth talk.”

“The first thing they (pediatric classes) teach us is that you have to get down to their level, look the kids in the eye,” said Natalie Masiuk, third-year pediatric dental student. Masiuk, in her powder blue scrubs, was surrounded by seven children at a floor-level tobacco exhibit. “Do you know what tobacco is? Lots of people don’t know that tobacco is bad for your teeth,” Masiuk said as she pointed to a large poster of stained teeth. “This is what your teeth will look like if you smoke,” she said, evoking a round of “eews” and “yuks.”

The American Dental Association (ADA) began the Give Kids a Smile program in 2003 as a way for ADA members to join with others in the community to provide dental services to underserved children. Approximately 450,000 chil-

dren benefit annually from more than 1,500 events. Each year, the UM School of Dentistry invites nearby elementary school children with their teachers and some parents to a Smile day.

Dhar watched as his students examined the children. “This introduces the students to community service and introduces the kids to good hygienic practices.” He said it was all about providing impressions and retaining, but not of the dental kind. “Helping the kids develop appropriate behavior and attitude about the dentist makes an impression in their minds at this age that they can retain with reinforcing by the teachers here and parents,” said Dhar.

Meanwhile, another group of five children were gathered around third-year pediatric dentistry student Jennifer Drosser, kneeling at the brush-and-floss exhibit. Primed by her training to expect to hear anything from children, Drosser began, “Does anyone here floss?” “Yea, it made my tooth go out,” a child said, in all seriousness. “Well, it must have been a baby tooth,” Drosser responded, quickly turning to the Tootharama exhibit on tooth anatomy. She talked the children through the exhibit on the development of human teeth from birth to 35 years old.

The children drifted off to the next exhibit, prompting Drosser to say, “We are taught how to talk with them. Sugar bugs are the bacteria that decay teeth. Our mask is an umbrella. We start with terms they understand. And, we have to keep in mind a lot of the issue is that kids are afraid of pain.”

During the Give the Kids a Smile visit, the children learned dozens of oral health tidbits that they might retain, such as how many times a day to brush, how much saliva a person makes day

(600 milliliters), that braces can be cool, what a mouth full of cavities looks like, or what bad breath or good breath smells like (simulated in a flip top box exhibit).

Part of the pediatric students’ education is preparatory training with children by practice rotations in Maryland pediatric dental offices and community clinics. But the Give the Kids a Smile day is a favorite with the students, says Jessica Lee, who is due to receive her pediatric DDS degree in June, which has earned her a residency in the prestigious Children’s Hospital of Philadelphia. “I’ve learned a lot about working with a community and kids by being part of this Give the Kids a Smile day all my four years in dental school,” she said. “The importance of interacting with the community has been emphasized and is the reason we do it.”

In addition to educating new pediatric dentists, the school’s Department of Pediatric Dentistry oversees a Pediatric Dental Fellowship program that provides direct clinical oral health care services to underserved Maryland children. The program is a partnership with



Natalie Masiuk, third-year pediatric dental student, works in the tobacco booth at the Give Kids a Smile event at the National Dental Museum in Baltimore. Illustration/Provided by the University of Maryland School of Dentistry

the Maryland Department of Health and Mental Hygiene’s Office of Oral Health, local health departments and federally qualified health centers throughout Maryland. The objective of the program is to place graduates of U.S. pediatric dental residency programs into public safety-net clinics to provide clinical oral health care services to needy children, especially those eligible for Medicaid.

(Source: University of Maryland School of Dentistry)

## Temple University School of Dentistry celebrates 150th anniversary

*Highlights: gala event, free clinic*

Temple University’s Kornberg School of Dentistry, the second oldest dental school in continuous operation in the U.S., celebrated 150 years of dental history with a gala event April 13 at the Barnes Foundation in Philadelphia.

Alumni from across the globe watched as Kornberg School Dean Amid I. Ismail opened a time capsule that was closed by Dean Gerald Timmons 50 years ago.

“Both our nation and the field of dentistry have seen remarkable advances in the past 150 years,” said Ismail. “When our school first opened in 1863, Abraham Lincoln was President, and dental anesthesia was non-existent. Today, Barack Obama is commander-in-chief, and innovations in dentistry — many made right here at Temple — have made it so patients can undergo necessary procedures virtually pain-free.”



Founded in 1863, the Kornberg School of Dentistry was among the first schools with strict graduation requirements. Photo/Provided by Temple University School of Dentistry

The dental school provided a free full-service dental clinic as an added element of the celebration.

(Source: Temple University)

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# Infection control

*Aerosolized infectious material in the laser plume is just one of many concerns*

By Frank Y. W. Yung, DDS, MSc

More than 20 years ago, a dental patient named Kimberly Bergalis was diagnosed with AIDS. The source of her HIV infection was her dentist. Even though the exact path of transmission is still not known, this first proven transmission of HIV from dentist to patient — and the subsequent intense coverage by the media — set off tremendous confusion and panic amongst dental patients. It was her unfortunate death in 1991 that changed the dental profession almost overnight, prompting all sorts of new regulations and guidelines, including the sterilization of dental instruments.

The document Guidelines for Infection Control in Dental Health-care Settings was published by the U.S. Centers for Disease Control and Prevention (CDC) on Dec. 19, 2003, providing some of the current and available scientific rationale for infection-control practices, for which recommendations were made.<sup>1</sup>

These suggestions were followed closely by various governing dental health organizations, including the U.S. Occupational Safety and Health Administration (OSHA) and Health Canada.

In dentistry, we see patients from different walks of life every day and they bring all kinds of pathogens to our dental offices. It is our responsibility to arrest the path of these pathogens and attempt to prevent them from infecting others and spreading beyond our practices. Following the CDC recommended infection-control guidelines and procedures can help stop and prevent transmission of infectious organisms through blood, oral and respiratory secretions and contaminated equipment during the course of dental treatment.

## Assessing risk

One factor to consider in assessing the risk of contamination is the type of bodily substances to which dental health-care personnel (DHCP) are exposed. It is generally understood that human blood has a high infectious potential.<sup>2</sup> In addition to bacteria and fungi, human saliva has been found to be capable of harbouring many kinds of infectious viruses.<sup>3,4</sup> Without the benefits of a quick and reliable reference, DHCP have to assume that everyone is a potential carrier. This is the fundamental reason that dental practices should have a universal infection prevention protocol.

Amongst many other related issues, the CDC guidelines explain the manner in which to wear surgical gloves properly and implement a glove protocol. These recommendations will help properly prevent contamination from our patients' oral tissues and fluids. Regarding surgical masks, laser ablation

of human tissue or dental restorations can cause thermal destruction and can create smoke byproducts containing dead and live cellular material (including blood fragments), viruses, and possible toxic gases and vapors. One concern is that aerosolized infectious material in the laser plume, such as the herpes simplex virus and human papillomavirus, may come into contact with the nasal mucosa of the laser operator and nearby DHCP. Although no evidence exists that HIV or the hepatitis B virus (HBV) has been transmitted via aerosolization and inhalation, there are scientific studies that confirm the risk of this possible route of contamination.<sup>5,6</sup> The risk to DHCP from exposure to laser plumes and smoke is real, and, along with other measures such as strong high-volume suction, the use of a high-filtration mask is strongly recommended (Fig. 1).

Sterilization is a multistep procedure that must be performed carefully and correctly by the DHCP to help ensure that all instruments are uniformly sterilized and safe for patient use. Cleaning, which is the first basic step in all decontamination and sterilization processes, involves the physical removal of debris and reduces the number of micro-organisms on an instrument or device. If visible debris or organic matter is not removed, it can interfere with the disinfection or sterilization process. Proper monitoring of sterilization procedures should include a combination of process indicators and biological indicators, and should be assessed at least once a week (Fig. 2).

Patient-care items are generally divided into three groups, depending on their intended use and the potential risk of disease transmission. Critical items are those that penetrate soft tissue, touch bone or contact the bloodstream. They pose the highest risk of transmitting infection and should be heat sterilized between patient uses. Examples of critical items are surgical instruments, periodontal scalers, surgical dental burs, optical fibres (Fig. 3) and contact tips (Fig. 4). It is extremely important to examine, cleave, polish and sterilize optical fibres and contact tips after each use. Alternatively, sterile, single-use, disposable devices can be used.

Semi-critical items are those that come into contact with only mucous membranes and do not penetrate soft tissues. As such, they have a lower risk of transmission. Examples of semi-critical instruments are dental mouth mirrors, amalgam condensers and impression trays. Most of the equipment in this category is heat tolerant, and should therefore be heat sterilized between patient uses. For heat-sensitive instruments, high-level disinfection is appropriate.



Fig. 1: An example of a high-filtration protective mask, which is recommended for use with dental lasers.

Photos/Dr. Frank Y. W. Yung

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Fig. 2: An example of the submission of indicators to a testing service for assessment of office sterilization equipment's effectiveness.



Fig. 3: An example of sterilized optical fibres and handpieces.



Fig. 4: An example of sterilized rigid glass tips and handpieces.

Non-critical items are instruments and devices that come into contact only with intact (unbroken) skin, which serves as an effective barrier to micro-organisms. These items carry such a low risk of transmitting infections that they usually only require cleaning and low-level disinfection. Examples of instruments in this category include X-ray head/cones, blood pressure cuffs, low-level laser emission devices and laser safety glasses. For low-level laser therapy, the use of a transparent barrier similar to disposable sleeves for curing lights is acceptable. For safety glasses, the use of a low-level disinfectant is suitable if it has a label claim approved by OSHA for removing HIV and HBV.

The disposal of used instruments and excised biological tissues should be managed separately. A cleaved optical fibre, broken contact tips or disposable fibres should be disposed of prop-

erly in a sharps container. Harvested biological waste should be placed in a container labelled with a biohazard symbol. In order to protect the individuals handling and transporting biopsy specimens, each specimen must be placed in a sturdy, leak-proof container with a secure lid to prevent leakage during transport. By following these guidelines, the spread of pathogens amongst dental patients, DHCP and their families can be prevented, and the passing of Kimberly Bergalis will not have been in vain.

## Disclosure and editor's notes

Dr. Yung has no commercial or financial interest regarding this article.

A list of references is available from the publisher.

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# Diverse group of speakers scheduled at JDIQ

*Journées dentaires internationales du Québec includes Drs. Dan Nathanson, Gerard Kugel, David Clark and Gérard Chiche*

Courses are filling fast for the Journées dentaires internationales du Québec, May 24–28, at the Palais des congrès de Montréal. At press time numerous courses were already sold out, meeting organizers reported.

The annual meeting of the Ordre des dentistes du Québec continues to be Canada's largest dental meeting and expects to host more than 12,000 delegates from around the world. With a scientific program with more than 100 lectures and workshops in English and French, JDIQ maintains its status as the world's most highly attended bilingual (English/French) convention.

More than 225 exhibitors will span 500 booths in the exhibit hall, Monday and Tuesday, May 27 and 28. The exhibit hall will feature a continental breakfast from 8–8:30 a.m. on both days for the early risers — and a wine-and-cheese reception closing out both days.

Featured speakers for this 43rd edition of the event include Drs. Dan Nathanson, Gerard Kugel, David Clark, Gérard Chiche, Mark Piper, George Freedman, Paresh Shah and Rhonda Savage, to name a few.

## New things to watch for at next JDIQ (like free Wi-Fi)

In addition to lining up some of the industry's top presenters, organizers of the 2013 JDIQ are incorporating a number of new features in the event. Among them:

- The JDIQ will continue its "green" practice of adding QR codes to the posters at the entrance to each room. You can use these codes to download full details on the lectures and all available course notes. New this year, to make it easier for you to download this information on your cellphones or tablets: free Wi-Fi access will be available at the Palais des congrès. All you have to do is download a code-reading app before you come. You can get this kind of free app from your service provider.

- The exhibitor's area will be larger than ever, bringing together in one place the latest advances for modern dental practices. You can earn dental continuing education units by visiting the exhibit hall, which will be open from 8 a.m. to 6 p.m. on Monday and from 8 a.m. to 5 p.m. on Tuesday of the five-day event.

- Also in 2013, for the first time, a free continental breakfast will be available to participants in the exhibit hall between 8 and 8:30 a.m.

Event organizers are expecting a strong turnout, likely surpassing 2012 attendance, which totaled 12,206 and breaks down as follows: 3,566 dentists; 2,095 dental hygienists; 31 dental auxiliaries; 1,026 dental assistants; 61 dental technicians; 837 administrative staff; 82 spouses; 182 guests and visitors; 2,430 students; 617 dentistry; 780 dental assistance; 925 dental hygiene; 108 dental technology; and 1,896 exhibitors.

For more information on the event, call (800) 361-4887, visit [www.odq.qc.ca](http://www.odq.qc.ca) or email [congres@odq.qc.ca](mailto:congres@odq.qc.ca).



The bustling exhibit hall floor at the 2012 JDIQ in Montréal. Photo/Provided by JDIQ

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(Source: JDIQ)



New on the exhibit floor at the 2013 Greater New York Dental Meeting will be three new hands-on pavilions showcasing the latest in lasers, CAD/CAMs and cone-beam/CT/X-rays. Photo/Provided by GNYDM

## New hands-on educational pavilions added to Greater New York Dental Meeting

Registration is now open for the 2013 Greater New York Dental Meeting (GNYDM). Organizers of the 89th annual meeting anticipate the largest attendance yet. New for the 2013 meeting will be a redesign of the exhibit floor — with the addition of new technology pavilions and a unique dental laboratory exhibition.

The exhibit floor and the diverse continuing education programs are the centerpiece of the expansive annual meeting. Attendees are able to walk the exhibit floor for free (no preregistra-

tion fee) and meet with more than 600 companies selling the newest products and advanced technologies.

The education program will include 300 full- and half-day seminars, essays and hands-on workshops. Among the specialty programs are topics including orthodontics, endodontics, cosmetic dentistry, pediatric dentistry and implant dentistry.

The GNYDM is introducing three new hands-on educational pavilions, including lasers, CAD/CAM and cone-beam/CT/X-rays. Each of these pavilions will house multiple companies providing information on the latest technologies that can be used in the dental office. Attendees will be able to instantly compare all the products in one location, while also becoming more familiar with the state-of-the-art technology by attending morning and afternoon educational programs presented at each pavilion.

The GNYDM and Aegis Publishing, Inside Dental Technology, have announced a groundbreaking partnership in laboratory technology. Collaboration 2013 will provide a designated laboratory exhibit area on the GNYDM exhibit floor, specialized education, demonstrations, digital dentistry and technology that will engage technicians and dentists side-by-side in an integrated, hands-on experience.

The GNYDM continues to offer a modern, high-tech free “live dentistry” arena daily from Sunday through Wednesday. The interactive “live” program features top clinicians performing dental procedures on actual patients on stage, in front of 600 attendees. It all takes place right on the exhibit floor. Attendees are encouraged to arrive early because seats fill quickly.

The GNYDM is the largest dental congress and exhibition in the United States, registering 53,481 attendees from all 50 states and 130 countries in 2012.

There is never a pre-registration fee at the GNYDM. Dental professionals are invited to be part of the 2013 meeting to experience the energy of an event that draws top dental professionals from around the world. And you'll also get to see all that New York City has to offer during one of its most beautiful times of the year, Nov. 29 through Dec. 4.

Free registration is now open for the 2013 meeting at [www.gnydm.com](http://www.gnydm.com).

(Source: Greater New York Dental Meeting)

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# Yankee Dental Congress named state's top medical show in economic impact

*\$18.8 million added to area economy by the 2012 event*

The Massachusetts Convention Center Authority recently ranked Yankee Dental Congress No. 2 among the top 10 shows having the biggest economic impact on the state. The event ranked as the No. 1 medical show.

Based on 2012 figures, the ranking shows the YDC's 27,330 attendees being responsible for 10,024 hotel room nights and a total of \$18.8 million in economic impact.

Planning is well under way for the 2014 Yankee Dental Congress, with a similar impact expected. Event organizers invite dental professionals to start planning now to join nearly 28,000 peers at the Boston Convention & Exhibition Center from Jan. 29 through Feb. 2.

Online registration and details on official event housing will become available at noon on Sept. 18 on the Yankee Dental website, [www.yankeedental.com](http://www.yankeedental.com).

American Dental Association members who attended YDC 2013 (from Jan. 30–Feb. 3) received a rebate coupon in their registration packet. Attendees were able to redeem those coupons for free registration to Yankee Dental Congress 2014 if they also submitted receipts showing they purchased goods or services totaling \$2,500 from the Yankee Dental Congress 2013 exhibitors.

The visual imagery theme for Yankee Dental Congress 2014 is already in place, depicting a street sign showing the intersection of "Oral Health" with "Overall Health."

Meeting organizers are putting together an extensive schedule of dental continuing education courses and creating a one-stop compilation of the industry's newest products and services in the exhibit hall. Beyond that core, the program is being designed to include many broader health-related topics that are closely linked to oral health, including: systemic health, quality of life, wellness, nutrition and physical fitness.

## Interested in speaking at a future Yankee Dental Congress?


If you have a topic you think attendees will be interested in, meeting organizers invite you to put together a course proposal and send it with your résumé to Massachusetts Dental Society Director of Continuing Education Dorrey Powers at 2 Willow Street, Suite 200, Southborough, MA 01745; email Powers at [dpowers@massdental.org](mailto:dpowers@massdental.org) or FAX materials to (508) 480-0002.

(Source: Yankee Dental Congress)



Boston skyline with public art in the foreground. Photo/Provided Tim Grafft/MOTT

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# 10 tips for a patient-focused website

Your dental practice's website is the on-line "face" for your business. You want it to reflect your capabilities and your philosophy. But at the end of the day, you really want the answer to one key question: "Is my website doing everything it can to convince visitors to become patients ... and current patients to become repeat patients?"

To answer these questions, Sesame Communications conducted a national market research study in partnership with Resolution Research. The results revealed key website characteristics that create a favorable experience for dental practice website visitors. In this article, Sesame Communications shares the 10 key features of an engaging, patient-focused website.

**No. 1 — Include personable, engaging photos on your home page:** Your website's home page is your first — and best — opportunity to make a great impression on visitors. As revealed by the research, websites that prominently featured one or more photographs of happy, smiling people on the home page scored highly because of the emotional impact they created. Considering the fact prospective patients will take only six seconds once landing on your website to decide if to read on, that first positive impression is critical.

**No. 2 — Focus on your patients' needs — not your interests:** Revolving your website around a sports or other hobby-related theme may seem like a fun way to show off your practice's personality. But the market

research study found that hobby themes on a practice website can negatively influence a patient's perception of the practice. Focus your website on your patients' wants and needs instead.

**No. 3 — Be careful with home page animations and videos:** While an animation or video can be a suitable feature for your home page, it must not distract patients or impede them from accessing the rest of your website. Be sure to disable your video from auto-playing, and add a play/pause button. This allows patients to choose if they wish to watch the intro video.

**No. 4 — Remove splash pages:** "Splash" pages — introductory pages that users view before they can access your home page — detract from the user experience



Reading this caption? That's probably related to research results showing that dental practice websites that prominently feature one or more photographs of happy, smiling people on the home page score highly in favorable user experience — because of the emotional impact the images create. Photo/ Provided by Andrew Taylor, [www.dreamstime.com](http://www.dreamstime.com)

by unnecessarily delaying a visitor's ability to access the information they want. If your website currently features a splash page, it should be removed to provide visitors with fast, seamless access to your website content.

**No. 5 — Focus your home page on the patient:** Your home page content should focus on how your practice can help patients, and why they should choose your dental practice. A common mistake is for dentists to prominently feature on their home page a special offer or treatment. If your home page features this content, we suggest replacing it with content that addresses key consumer needs and concerns. Discuss the experience of being a patient at your practice, include a patient testimonial, or spotlight your dentist and his or her patient-centered approach.

**No. 6 — Create a warm, personable "Meet the Doctor" page:** Your "Meet the Doctor" page is the most visited page on a practice website and should present a positive, friendly view of your dental practice. Feature a large color photo of the doctor wearing non clinical clothes. Make sure the doctor has a warm, caring expression; if possible, include the doctor's child or family members. Don't use black-and-white photos or clinical images.

Avoid including your doctor's credentials and experience as a simple bullet list. Instead communicate this information in a warm and compelling manner.

**No. 7 — Include a "Meet the Team" section of the website with team photos:** Your website should also feature a Meet the Team page that highlights each staff member. In each staff member profile, include a personalized message to patients that communicates the individual's warm, caring personality and commitment to patient-focused care.

**No. 8 — Include a "First Visit" page for new patients:** Make sure your site features a "Your First Visit" or "For New Patients" page. This page should make a compelling case for why a prospective patient should choose your practice. List benefits of choosing your practice over others. Describe what patients should expect on their first visit. Consider including an "Office Tour" section that features photos —

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# Expert Dental CE partners with Guardian Life

Guardian Life Insurance of America has engaged Expert Dental CE (on the Web at [www.expertdentaltce.com](http://www.expertdentaltce.com)) to exclusively provide online C.E. courses for Guardian's 80,000 dentists. According to Expert Dental CE, Guardian selected it because of its in-depth, procedurally specific courses that are presented by "best-of-breed" scholars in all areas of dentistry.

Working hand-in-hand with Guardian, after first producing an introductory lecture on how Guardian dentists could more effectively and expeditiously submit insurance claims, Expert Dental CE was asked to develop programs that would enhance skill sets, reduce risk and improve patient outcomes.

The first two topics that Expert Dental CE designed to fulfill Guardian's request were in endodontics and in the marginal fit of crowns.

The endodontics program was divided into two modules.

The first module is on diagnosis, with a bonus lecture on computed tomography imaging (worth four C.E. credits).

The second module provides a comprehensive overview of endodontic therapy. Combined, the modules review current thinking by leading scholar/clinicians in diagnosis, access preparation, instrumentation, irrigation, obturation, retreatment and decision-making on when an endodontically treated tooth should be removed and an implant inserted. The second module is worth 10 CERP-approved units. Both modules are specially priced for Guardian dental providers.

Expert Dental CE describes the second program as being "a one-hour gem that is an excellent reference course for all generalists." It's titled, "How to Achieve Excel-



The website [www.expertdentaltce.com](http://www.expertdentaltce.com) features C.E. courses, new products and a community of dental professionals. It's open to all dental professional and also works with companies and other organizations to present custom training content to those organizations' staffs, members or affiliates. Photos/Provided by Expert Dental CE

lent Marginal Fit & Cervical Contour with Crowns" and is presented by Dr. Charles Goodacre, dean of the Loma Linda School of Dentistry. Even the most skilled and experienced clinicians should be able to learn something new and improve their work by reviewing these basic techniques from a master clinician and teacher.

Dr. Goodacre identifies the three synergistic factors that produce good fit and cervical contour; he summarizes the characteristics of tooth preparations that support mechanical success and enhance marginal

fit and cervical contour, and he provides surefire steps to fabricating good impressions.

As a benefit of this exclusive arrangement, Guardian dental providers receive a 30 percent discount on all other Expert Dental CE courses and modules.

Organizations interested in partnering with Expert Dental CE should contact William Martin, managing director, at (212) 355-5524 or [info@expertdentaltce.com](mailto:info@expertdentaltce.com).

(Source: Expert Dental CE)

## GLO Science offers webinar for dental professionals

*Company co-founder and inventor of the in-office, 32-minute teeth-whitening system to speak*

GLO Science, a leading developer of teeth-whitening products and the winner of the 2012 Edison Award for excellence in innovation and design, is presenting a live webinar for dental professionals on Thursday, June 13, at 5:30 p.m. EST on the Dental Tribune Study Club website.

Registration is available through [www.dtstudyclub.com](http://www.dtstudyclub.com), or directly at [www.dtstudyclub.com/GLOScience](http://www.dtstudyclub.com/GLOScience), which is where the live webinar will be streamed and then archived for later viewing.

The webinar presenter is GLO Science Co-Founder Dr. Jonathan B. Levine.

The company's GLO Science Professional division offers a dual teeth-whitening system available exclusively to dental practices. According to the company, the process enables patients to see results one, 32-minute, in-office whitening session — with no sensitivity.

The company's patented Guided Light Optics (G.L.O.) combines heat with light in a closed-system mouthpiece, which activates the professional-strength GLO Whitening Gel and prevents whitening oxygen from escaping the mouth. According to the company, the system generates faster, more efficient and longer-lasting whitening results.

The technology's inventor, Levine, is a dentist and prosthodontist who has

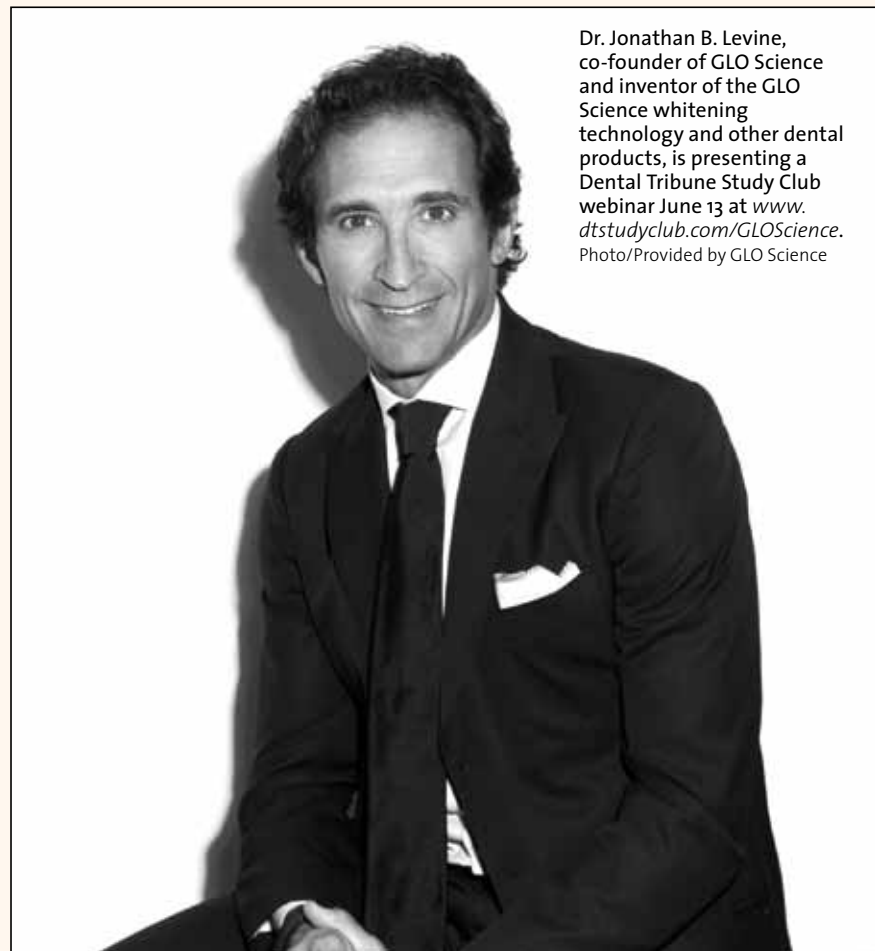
been in practice for nearly 30 years and also is an associate professor at the New York University School of Dentistry.

Levine holds three patents and 12 "patents pending" in oral care. A national opinion leader in oral health, Levine devotes much of his professional life to guiding the next generation of dentists and is the program director of the Advanced Aesthetics Program in Dentistry at the NYU School of Continuing and Professional Studies.

Levine also contributes his professional services to humanitarian efforts and organizations. He is on the board of Foundation Rwanda, which helps the children of the 1994 genocide, and is on the advisory board of Health Corps, a national service and peer-mentoring initiative. He also donates his services to Operation Smile to help correct childhood facial deformities across the globe.

To learn more about GLO Science and GLO Science Professional, phone (212) 497-5175 or email [sales@gloscience.com](mailto:sales@gloscience.com) — and schedule an in-office demo. The company's website is [www.gloscience.com](http://www.gloscience.com), through which [www.glosciencepro.com](http://www.glosciencepro.com) (serving dental professionals) can be accessed.

(Source: GLO Science)



Dr. Jonathan B. Levine, co-founder of GLO Science and inventor of the GLO Science whitening technology and other dental products, is presenting a Dental Tribune Study Club webinar June 13 at [www.dtstudyclub.com/GLOScience](http://www.dtstudyclub.com/GLOScience). Photo/Provided by GLO Science

### WEBSITE, page A8

or a video — highlighting different parts of your office.

No. 9 — *Feature a frequently-asked questions section:* Including a FAQ section will allow your patients to answer questions they might have about your practice — or dental care in general — without having to

pick up the phone. Your FAQ page should answer most key patient questions in warm, friendly, non-clinical language.

No. 10 — *Make your site's navigation simple and user-friendly:* Making your website's navigation simple and easy to use will help ensure a frustration-free experience for browsing patients. Avoid unconventional designs or layouts. Organize your

navigation to focus on patient-centric information. Lead with First Visits and FAQs, then include doctor and team information, contact information, and finally information about specific treatments.

### Final thoughts

The Sesame Communications research study found that you have less than 90

seconds to engage a prospective patient and persuade them to further explore your dental practice. Following these ten tips will help ensure that your website connects with your patients — and gives them the information they need — from the home page on.

(Source: Sesame Communications)